

Gastrointestinal Symptoms Questionnaire

General Information

Name:

Date:

Time:

Questionnaire Number:

Symptoms

Which of the following are you experiencing at this point in time?

	No Problem	Mild Problem	Moderate Problem	Severe Problem	Very Severe Problem
<u>Nausea</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Vomiting</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Bloating</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Abdominal Cramps</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Early Satiety</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Heartburn</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sickness</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Loss of Appetite</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Retrosternal Discomfort</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Upper Abdominal Pain</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

See back page of this questionnaire for definitions of the above symptoms.

Nausea – Urgent feeling of need to vomit but vomit does not actually occur

Vomiting – Vomiting of mucus and gastric contents or strong unproductive retching

Bloating – Feeling of congestion of food without relation to prior food intake which could explain this feeling

Abdominal Cramps – Spasmodic or colic-like stomach pain without specified localization

Early Satiety – Feeling that the stomach is overfilled soon after starting to rest, unproportional to the quantity of food taken, so that the meal cannot be finished

Heartburn – Belching with acid taste, burning sensation in the oesophagus

Sickness – Discomfort combined with the impression for the need to vomit

Loss of Appetite – Listless for food intake

Retrosternal Discomfort – Unpleasant feeling behind the sternum, painful or drawing

Upper Abdominal Pain – Pain localized between the costal arches (ribs), below the sternum.